

**EXECUTIVE LOBBYING  
REGISTRATION/ RENEWAL FOR  
THE YEAR OF 2004**

(Fill in year.)

**Instructions**

1. Print in ink or type.
2. Complete form and return with \$110 registration fee to the Board of Ethics, 2415 Quail Dr., 3<sup>rd</sup> Floor, Baton Rouge, LA 70808, (225) 763-8777 or (800) 842-6630.
3. Initial registrations must be submitted within 5 days of (1) employment as a lobbyist or (2) first action requiring registration. Registrations expire as of December 31 unless a renewal is submitted between December 1 and January 31.

1. NAME Monroe Jessica W.  
Last First MI

2. BUSINESS PHONE (225) 205-3503  
Area Code and Phone Number

3. FAX NUMBER (225) 292-5458

4. BUSINESS ADDRESS 10046 Chestnut Oak Dr. Baton Rouge, LA  
Street and No. City State Zip 70809

MAILING ADDRESS Same as above  
Street and No. City State Zip

5. EMPLOYER Johnson & Johnson

6. EMPLOYER'S ADDRESS One Johnson & Johnson Plaza New Brunswick, NJ  
Street and No. City State Zip 08933

7. LIST BELOW (a) Names of persons, groups, or organizations which you represent; (b) the address of each such person, group, or organization you represent; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby.

1. Name Johnson & Johnson

Address One Johnson & Johnson Plaza New Brunswick, NJ 08933

Business or purpose Health care, Pharmaceuticals, surgical equip,  
medical devices, diagnostics, etc.

Does this person pay you? yes

If No, who pays you? \_\_\_\_\_

**FOR OFFICE USE ONLY**

Postmark Date: 02/22/04

Reg. 2004

J# 2787

\$110.00 WY

3060532

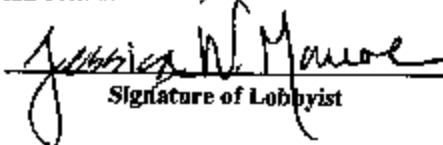
# EXECUTIVE LOBBYING REGISTRATION FORM



2. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Business or purpose \_\_\_\_\_  
Does this person pay you? \_\_\_\_\_  
If No, who pays you? \_\_\_\_\_
3. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Business or purpose \_\_\_\_\_  
Does this person pay you? \_\_\_\_\_  
If No, who pays you? \_\_\_\_\_
4. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Business or purpose \_\_\_\_\_  
Does this person pay you? \_\_\_\_\_  
If No, who pays you? \_\_\_\_\_

## CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by LSA-R.S. 49:71 et seq. has been deliberately omitted.

  
Signature of Lobbyist

